

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <i>09/780,046</i>	FILING DATE
APPLICANT(S)	

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/									
TOTAL DEP.	/									
TOTAL CLAIMS	8									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS